## L06000051928

| (Requestor's Name)                      |
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| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
|   |
| (Business Entity Name)                  |
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| (Document Number)                       |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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## **COVER LETTER**

| TO:   | Registration Se<br>Division of Cor  |   |              |   | 1  |  |  |
|---|-------------------------------------|---|--------------|---|--|--|--|
| SUBJECT: C & L Townpark, LLC  |                                     |   |              |   |  |  |  |
| 5020  | (Name of Limited Liability Company) |   |              |   |  |  |  |
| The enclosed Articles of Organization and fee(s) are submitted for filing.            |                                     |   |              |   |  |  |  |
| Please  | return all corresp                  | ondence concerning this matte   | er to the fo | ollowing  | :  |  |  |
| Charles J. Fowler   |                                     |   |              |   |  |  |  |
|   | (Name of Person)                    |   |              |   |  |  |  |
|   |                                     |   |              |   |  |  |  |
| (Firm/Company)  |                                     |   |              |   |  |  |  |
|   | 6214 Co                             | rmorant Court   |              |   |  |  |  |
|   |                                     |   | (Addres      | ss)   |  |  |  |
|   | Bradento                            | on, Florida 3420  |              |   |  |  |  |
| (City/State and Zip Code)   |                                     |   |              |   |  |  |  |
| For further information concerning this matter, please call:                          |                                     |   |              |   |  |  |  |
| Lynnette M. Fowler  |                                     |   | at ( 94      | 1   | 758-30   | 27   |  |
| Lynnette M. Fowler  (Name of Person)  at (941) (Area Code & Daytime Telephone Number) |                                     |   |              |   | elephone Number)   |  |  |
| Enclos  | sed is a check fo                   | or the following amount:  | •            |   |  |  |  |
| \$125   | 5.00 Filing Fee                     | \$130.00 Filing Fee & Certificate of Status   | Certifi      | ied Copy  | ling Fee &   | \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |  |
|   |                                     | Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | ī<br>I<br>(  | Registrati<br>Division<br>Clifton B<br>2661 Exe | ourier Address<br>on Section<br>of Corporatio<br>uilding<br>ocutive Center<br>ee, FL 32301 | ns<br>· Circle   |  |

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name:  |   |  |  |  |  |
|--|---|--|--|--|--|
| The name of the Limited Liability Company is:  |   |  |  |  |  |
| C & L Townpark, LLC  |   |  |  |  |  |
| (Must end with the words "Limited Liability Company, "Limite   | d Company" or their abbreviation "LLC," or "L.C.,")   |  |  |  |  |
| ARTICLE II - Address:  |   |  |  |  |  |
| The mailing address and street address of the pri  | incipal office of the Limited Liability Company is:   |  |  |  |  |
| Principal Office Address:  | Mailing Address:  |  |  |  |  |
| 6214 Cormorant Court   | 6214 Cormorant Court  |  |  |  |  |
| Bradenton, FL 34203  | Bradenton, FL 34203   |  |  |  |  |
|  |   |  |  |  |  |
| ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.) |   |  |  |  |  |
| The name and the Florida street address of the re  | egistered agent are:  |  |  |  |  |
| Lynnette M. Fowler   |   |  |  |  |  |
| Name   |   |  |  |  |  |
| 6214 Cormorant Court   |   |  |  |  |  |
| Florida street add   | ress (P.O. Box NOT acceptable)  |  |  |  |  |
| Bradenton, FL 34203  | FL  |  |  |  |  |
| City, State, a   | nd Zip  |  |  |  |  |
| liability company at the place designated in t   | accept service of process for the above stated limited<br>his certificate, I hereby accept the appointment as |  |  |  |  |

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

legistered Agent's Signature (REQUIRED

(CONTINUED) Page 1 of 2 ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

| Title:   | Name and Address:  |
|--|--|
| "MGR" = Manager "MGRM" = Managing Meml   | ber  |
| MGR  | Charles J. Fowler  |
|  | 6214 Cormorant Court   |
| •  | Bradenton, FL 34203  |
| MGR  | Lynnette M. Fowler   |
|  | 6214 Cormorant Court   |
|  | Bradenton, FL 34203  |
|  | ·  |
|  | <del> </del>   |
|  |  |
|  |  |
| <del>Manager Harden Control of the Contr</del> |  |
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| (Use attachment if necessary)  |  |
|  | d d la CCP (OPTIONAL)  |
| LE V: Effective date, if other   | than the date of filing: (OPTIONAL)  must be specific and cannot be more than five business days prior |
| O days after the date of filing.)  |  |
| o any o arror one date or ming.  | ,  |
|  |  |
| REQUIRED SIGNATURE   | :  |
| . 1  |  |
| ( ) im   | with M. Sowly  |
| Signature of   | a member or an authorized representative of a member.  |

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Lynnette M. Fowler

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)